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ORIGINAL ARTICLES.

Purulent Pleurisy—Its Early Detection and Treatment.

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The subject I have chosen for my paper is extremely trite, and I can add nothing of novelty to it; however, it is a disease of universal interest to every physician, and its early detection, treatment and management is of vital importance to the patient.

If by my effort I elicit a discussion which will have the effect of making clearer the differential points of diagnosis in obscure cases, and the importance of always regarding it as a surgical affection demanding immediate attention, the purpose of my paper will have been accomplished.

Empyema has been recognized and treated by paracentesis and pleurotomy since the time of Hippocrates, but not until a complete description of the pleura as a serous membrane, and its anatomical relations to the lungs and other vicera, and physical modes of exploration by Lænnec, was the real foundation of our present knowledge laid; and it has been only in recent years that this affection has been thoroughly investigated and elucidated by means of the hypodermic exploring needle of Pravez and Alex Wood. The physical signs of purulent effusion are essentially the same as in fibro-serous effusion, and in typical cases the disease is recognized with comparative ease by an experienced ear. In a patient complaining or having complained of pain or stitch in the side, irregular and jurky rythm in respiration, elevation of temperature, dry, tight, painful cough; these symptoms, accompanied or followed by dullness or flatness upon percussion, following the line of an Ellis curve, absence of vocal fremities or breath sounds, subclavicular skadiac resonance and displacement of the heart, the diagnosis of acute pleurisy with effusion is established almost deyond a doubt; and the persistence of the fever—101 to 104—beyond a fortnight with physical evidence of increase in the quantity of fluid, furred, red tongue, hectic sweats, especially in sleep, failure in strength and loss of flesh, œdema of the thoracic walls, are sufficient evidence for the suspicion that the effusion is purulent in character. However, these symptoms do occur in part and sometimes in toto in fibro-serous pleurisy, and the exploratory puncture is the only method of positively establishing the diagnosis. The simplicity and painlessness, and the innocence of this procedure under proper antiseptic precautions, in my opinion, renders its resort obligatory upon the medical attendant in every case of pleural effusion which does not within the first two or three weeks show physical signs of absorption and improvement in the general condition of the patient. Furthermore, its use is of equal importance in obscure cases, where the fluid is encysted by reason of pre-existing adhesions or has become divided into lakes by recent adhesions, or has become commingled with air from communication with a tubercular cavity, or the generation of gas by the degeneration of the pus itself. This condition of affairs will produce a conglomeration of physical signs that will mystify and mislead the diagnostician, however skilled and experienced.

CASE 1. W. H. was admitted into asylum No. 2, May 5, 1887, suffering from acute delirium mania. He was eighteen years of

age, unusually strong and robust, with a good family history. After several months of delirium he gradually became quiet, but with permanent mental enfeeblement from the duration and intensity of his excitement.

January 16, 1888, eight months after admission.—Has suffered from nausea and vomiting for the past week, and this morning complains of great pain in his right side. Examination: temperature 103, pulse 110, respiration 30. Dullness upon percussion upon right side below the fourth intercostal space, skadiac resonance at apex; absence of vocal fremities and respiratory murmur over lower two-thirds of lung, and puerile breathing in the opposite lung. The diagnosis of acute pleurisy with effusion was made, and he was ordered salines as indicated, and kept in bed.

January 27th, eleven days after attack.—Patient not doing well; perceptible failure in strength and loss of flesh; temperature 100 to 102½, pulse feeble—90 to 100; physical signs much changed. Ronchi creaks and rales heard over entire lung. Area of dullness now limited to lateral portion of lower two-thirds; resonance being increased near medium line, both anteriorly and posteriorly; and fremities and respiratory murmur also to be heard at these points. For the purpose of determining the character of the fluid, I made an exploratory puncture with a fine needle, but to my surprise failed to get fluid. So well satisfied was I with the correctness of my diagnosis that I determined to try again. This was repeated until the seventh prod; I was rewarded for my perseverance by getting fluid, purulent in character.

February 2d, three days from this time, under ether I performed pleurotomy at the site of the last puncture in the seventh intercostal space, relieved the pleura of about one and one-half pints of sweet pus, introduced drainage tubes, transfixed with safety pins, irrigated with warm boracic acid solution, by means of a fountain syringe, and dressed with bichloride gauze and oakum.

March 1st.—Patient not doing well; frequently vomits food, especially after irrigation, which has been kept up daily for the past three weeks. There is no apparent diminution in the amount of discharge, and only slight evidence of closure of the pleural sac by expansion of the lung, as shown by physical signs and shortening of the sinus. A change was now made in the wash solution from boracic acid to bichloride of mercury, then straw-colored iodine water. These solutions were both abandoned after a few trials on account of the shock, pain and paroxysms of coughing they occasioned, and resort was had to warm water.

July 1st, five months after operation.—The activity of his nutritive functions have materially lowered during past four months. Irrigation with the warm water has been kept up daily, even after removal of drainage tubes, they having been completely withdrawn some six weeks after operation. Patient has been kept much in open air for past three months. His expectoration has recently become thick and profuse, and examination of it by Dr. Hoyt, the pathologist, revealed tubercular bacilli. Irrigation was abandoned from this date, and cod-liver oil was added to his tonic treatment. His general health showed signs of improvement within the next week; his appetite became better, expectoration diminished, the discharges materially lessened and the sinus shortened.

August 22d, five weeks later.—Expectoration scant and microscopical examination reveals only an occasional bacillus in the field. The sinus has closed, and has gained thirty pounds in weight. He soon regained his usual health and is now living, a fine specimen of physical manhood.

CASE 2. A. B. was admitted to asylum No. 2, June, 1890, suffering from melancholia. Nothing known of family history. General physical condition good.

January 2d.—Six months after admission he sickened. Examination revealed a morning temperature of 101, pulse 98, respiration 24. He complained of pain in the left side, and had dry, superficial cough, friction rales and diminished breathing over the lower portion of left lung.

January 6th.—He had all the physical signs of effusion as high as the fifth inter-

costal space, with a temperature ranging from 101 to 102.5.

January 16.—Has complained daily of [illegible] and has occasionally vomited his food for the past fortnight. Physical signs give evidence of increase in effusion. Heart is now considerably displaced, his fever has persisted, tongue dry and red, appetite poor, hectic sweats on falling asleep, and absence of bacilli's sound. These symptoms point to a purulent effusion.

February 2d.—Has gradually failed since last note. Made exploratory puncture with small aspirating syringe, and found fluid purulent as suspected. Withdrew about one pint at this time with aspirator, preparatory to pleurotomy.

February 4th.—Under ether I made an incision in the seventh intercostal space, in the middle axilliary line, at the site of the previous paracentesis. The cavity contained something more than a pint of non-fetid pus.

I inserted two drainage tubes, transfixed with safety pins, and washed out with warm boracic acid solution and dressed with bichloride gauze, cotton and oakum. The cavity was irrigated daily with boracic acid solution. Nothing noteworthy took place in this case until February 16th, two weeks after operation, when he again complained of pain in his side. His temperature ran up to 103, and coarse rales were to be heard over the lower portion of the lung. The fact that for several days prior to this attack the wash solution had returned almost clear, and removal of tubes showed them to be patulous, lead me to suspect adhesions had taken place, surrounding an island of pus which was being absorbed. He went from bad to worse from this date.

February 28th.—He is much emaciated and is too feeble to assist himself in any way; has fine rales over the other lung, hectic flush upon cheeks and daily exacerbations of fever. Cough has become exceedingly annoying, and expectoration more frofuse; however, examination of sputa by Dr. Hoyt gave negative results. Inasmuch as irrigation not unfrequently resulted in mild shock and paroxysms of intense coughing, and always more or less pain, it is dispensed with and tubes removed.

March 17th.—His general condition has slowly improved since last note; expectoration much diminished and the discharge much lessened; again examination of sputum is negative. He is permitted to sit up.

April 1st.—Doing well; sinus has closed. His recovery was uninterrupted from this date.

May 21st.—He was sent to his home in the country, where he would reap the benefits of out-door life.

He has been returned to the asylum within the last year on account of his mental condition. He is now in good physical trim, and has no indications of tuberculosis. Two years since operation.

CASE 3. C. W. was a baker by profession. He was a frail, stoop-shouldered man, thirty years of age, with a paternal predisposition to tuberculosis. After an exposure from a walk in the country a stormy night, he was seized with rigors, followed by fever, general muscular pain and some stiffness of joints. He was diagnosed as having rheumatism by his medical attendant, and treated accordingly. He had suffered from acute articular rheumatism in former years. In a week he developed chest symptoms upon the right side, and was diagnosed by a second physician as having pneumonia. I saw him the following day, when, to my mind, he had well-marked physical signs of effusion. I verified my diagnosis by an exploratory puncture. The effusion rapidly attained extensixe proportions, as evidenced by displacement of heart, stomach and diaphragm, and accompanied by intense dyspnœa. I at this time (two weeks from onset of sickness) performed paracentesis and relieved him of thirty-two drams of serous fluid. Absorption rapidly took place, and about the time physical signs showed almost complete disappearance of fluid, he was again seized with rigors, pain in the opposite side, followed by rapid effusion. At the end of three weeks from his second illness, there being no signs of absorption, I did a paracentesis upon the left side; however, not with similar good results as upon the right. There was

a gradual reaccumulation of the fluid, accompanied by anorexia, general physical failure, daily exacerbation of temperature, hectic sweats, etc. Exploratory puncture at this time revealed the fluid to be purulent. Paracentesis was again performed for two reasons: First, on account of the distressing symptoms from intra-thoracic pressure; second, to in a measure permit the displaced organs to return, and to lessen the liability to shock, incident to a complete removal of the pus by pleurotomy.

Six weeks from the beginning of his sickness and three days from the date of the establishment of the fact of the effusion having become purulent, I, under ether, made a pleurotomy. The pus was sweet in character, and the quantity thirty-two drams. The patient took the anæsthetic well, notwithstanding he had had a cardiac murmur, resulting from rheumatic endocarditis in former years. The technique of this operation differed from the former cases, in that an effort was made to asepticise the air that would fill the vacuum left by the escaped fluid. The drainage tubes were transfixed with safety pins, and dressing consisted of bichloride gauze. Twelve layers in thickness, covered by absorbent cotton and oakum, and this secured by carbolized bandage.

The dressings were changed daily for the first two or three days, then every third day; and the patient rapidly gained in strength and flesh; the discharge early became scant, the tubes were gradually withdrawn, and the sinus had so shortened that they were removed at the end of the second week. The wound had healed at the end of the third. His recovery was rapid and complete. It is now five years since the operation, and he has been unusually robust for one of his frail organization, showing no signs of tuberculosis, notwithstanding he suffered a severe attack of la grippe in 1890.

CASE 4. This was unlike the former cases in that it was a chronic empyema and had a fatal termination.

The patient was a resident of Pennsylvania, having been sent to Thomasville, Georgia, some eighteen months previous by his physician, thought to be suffering from tuberculosis with consolidation of the lower lobe of the right lung. Evidently from the history he gave of the onset of his sickness, he suffered from acute pleuritis with effusion, following la grippe, which had become chronic from non-detection, notwithstanding he had passed through the hands of a half dozen physicians. When I met him he was subject to intense and prolonged paroxysms of coughing, with a scanty expectoration of tenacious viscid mucous. He was troubled with dyspnœa upon the slightest exertion; had evening fever and hectic sweats. Learning that I was a physician, he asked if I would not examine his lungs. I found absolute flatness as high as the second rib, absence of breathing and vocal fremities over the same area. The liver, stomach and diaphragm were all displaced, and the apex beat of the heart beyond the nipple on the left. I told him I differed from his former medical advisers as to his trouble, and would meet his medical attendant in consultation if it was his pleasure. On the following day his physician in my presence carefully examined his chest, and reiterated his former diagnosis. I made a second examination, and told him of my findings; he demurred, and we settled the diagnosis with an exploratory needle. The patient saw the result, and insisted that I should operate upon him. I advised him to go to his home and be treated, but this he thought imprudent on account of the severity of the winters there. Under ether I made a free opening in the seventh intercostal space, and removed the largest quantity of fluid I had ever seen come from a pleural cavity—℥ 60. It was very thick and creamy, but not fetid, although it had remained in his chest a year and a half. The cavity was not irrigated. The usual dressing of gauze and oakum was applied. The patient stood the anæsthetic well, and reacted nicely, but in the most agonizing pain. This I thought due to the adhesions that had taken place in the displaced vicera and the tension incident to the sudden relief of the intra-thoracic pressure. I gave him an opiate, advised his physician not to wash out, and left that afternoon. I was informed

that he did fairly well for the first two weeks, the discharge then became offensive and his physician resorted to irrigation. His failure was gradual from that time on, to a fatal termination six weeks after.

Comments.—The beneficial results claimed by the advocates of detergent washings in empyema are not borne out by cases 1 and 2, as shown by the pain, dyspnœa and shock incident to the procedure, their prolonged illness and the immediate improvement and early recovery following its discontinuance. Not only in these, but other cases under my care, has irrigation yielded unsatisfactory results. Dr. Frank Donalson, in his exhaustive article in Pepper System of Medicine, claims good results from disinfectant fluids where the pus is fetid or becomes so from contact with the air. He thinks that in these cases they promote adhesions of the pleural surfaces. He, however, is explicit in his cautions, and details the dangers attendant upon their use. So high authority as Bowditch goes to the extent of the almost complete exclusion of all washings of the pleural cavity. He says he has only found it necessary to wash out the pleura once in 399 operations upon 250 patients. He regards it as a very dangerous procedure. Dr. DeCerneville reports six of his cases who suffered from single and multiple attacks of epilepsy from irrigation, probings and insufflations of the pleural cavity. Douglas Powell gives decided preference to the performance of the operation under carbolized spray, and a similar subsequent treatment of the wound, thus avoiding the necessity of all washings. He speaks of the danger of sudden death from embolism and syncope in irrigation. All authorities are agreed that they retard the expansion of the lung.

I am somewhat strong in my belief that irrigation in the treatment of empyema is seldom required, and should be used only as a last resort, and then practiced with extreme caution and attentive watchfulness on the part of the surgeon. Even in fetid cases, if perfect drainage is guaranteed by frequent removal and cleaning of the tubes under the carbolized spray, the danger of septicæmia to the patient from so sluggish an absorptive surface as the pleura is reduced to a minimum.

The conclusions I would draw from my experiences and investigations are:

1. The necessity of exploratory puncture in cases where from the obscurity of the physical signs there is doubt as to the diagnosis, and in all cases where there is suspicion from the symptoms that the character of the fluid is purulent.

This little operation to be done under the strictest antiseptic measures, namely: cleansing the chest with soap and bichloride solution, the small aspirator or hypodermic syringe to be immersed in carbolic solution, and the needle passed through the alcohol flame immediately before insertion. With these precautions we avoid all possibility of converting a serous into a purulent effusion.

2. The diagnosis established immediate surgical interference, lest by delay we permit to be fanned into activity an inherited tubercular tendency.

3. That the operation and all subsequent dressings of the wound should be done under the carbolized spray, thus septicising all air that enters the cavity. These measures being carefully observed, I feel satisfied recoveries will not only be hastened, but the mortality lessened.

DR. D. F. RODGERS, formerly of Topeka, now of Los Cerillos, N. M., called upon us a few days ago. The doctor looks in excellent health and speaks in glowing terms of his work among the miners. He has lost nothing of his love for Topeka, however, and we trust we may again count him one of us.

TEN to twenty drops of the fluid extract of hyoscyamus is an excellent remedy in case of seminal loss, due to irritation or weakness of the muscular tonus. These losses usually occur at night, and the drug should be administered at bed-hour.

SOCIETY PROCEEDINGS.

The Topeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery met December 11, 1893.

Dr. Munn presented a paper on "Carcinoma, with Some After-Thoughts."

In the discussion, Dr. Minney said he understood the transmission of carcinoma was by means of epithelium being carried through the body.

Dr. Schenck.—"Virchow says carcinoma is perverted cell development or differentiation. Richardson says it is an unnatural zymosis that results in a degeneration or cancer cells. If the cancer cell is dry, it may be removed successfully; if it is moist, the rapidity with which it is carried to other parts is so rapid that an operation is rarely successful."

Dr. Sheldon.—"If the infection is carried through the lymphatics to the axillary glands it must be a germ or something that is carried in the same manner. We do not know what the cause of cancer is. So far we have never been able to cultivate a cancer germ and reproduce carcinoma in healthy tissue. I do not remove glands or surrounding tissue unless it has become affected. We should remove all diseased tissue."

Dr. Gilbert.—"The infecting material is carried by the lymphatics to neighboring glands, though it may in an advanced stage be carried by blood vessels. The cancer cells occupy a closer relation to lymphatics than to blood vessels."

Dr. Lindsay.—"It is proper to remove the diseased tissue and glands adjacent. The cells that may remain to infect these glands is sufficient ground. The use of arsenical paste is advocated in the New York Cancer and Skin Hospital in certain small tumors."

Dr. Cannon.—"It is laid down as a rule that when the cancer has not broken down, the knife should be used; but where it is broken down, then the arsenical or zinc paste should be used. The zinc paste does not attack healthy tissue as much as the arsenic does."

Dr. Peers.—"There is a time when the axillary glands are not involved. If we can ascertain this time we will know whether to remove them or not."

Dr. McClintock.—"We all know now the term 'metastasis' is obsolete; something else will express what we mean better. The method of removing tumors by means of paste is unjustly ignored by physicians. The quacks get good results from them. In the cases where the tumor is open there is a chance for infection by operation. The paste prevents this."

Dr. Alexander.—"At the New York Cancer Hospital they claim better results from the zinc paste. It has a far reaching effect; it sets up an inflammation in the tissue beyond which cells are destroyed that cannot be reached by the knife."

Dr. Minney.—"In this broken down condition the glands are usually infected, yet this is the condition in which the zinc paste gives good results. If this is true it looks as if the glands had little to do with return."

Dr. R. E. McVey.—"The newer remedy seems to be acetic acid. I hardly know whether to recommend acetic acid or Christian science."

Dr. Munn.—"I understand the cancer juice talked about is the result of degeneration in the tumor. What man can say because a gland is not inflamed it is not infected. Unless the channel of infection is destroyed I can see no advantage to be derived from the use of paste."

Funny Bone.

If you are subject to melancholia or indigestion, we prescribe for you one dose of Funny Bone before and after each meal. Dr. Crusius' pictures and jokes would make the sphinx laugh. You will get more fun, wit and humor for fifty cents out of Funny Bone to laugh away your leisure moments than all the clowns in America could furnish.

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Topeka, Kansas, Saturday, December 6, 1894.

Violations of the State Law.

As there seems to be some uncertainty in regard to whether Kansas has a medical law, and whether it be in effect or not, we append herewith tne law of 1870, which we understand is still in effect:

"SECTION 1. That it shall be unlawful for any person within the limits of the State of Kansas, who has not attended two full courses of instruction and graduated in some respectable school of medicine, either of the United States or some foreign country, or who cannot produce a certificate of qualification from some state or county medical society, and is not a person of good moral character, to practice medicine in any of its departments for reward or compensation, for any sick person within the State of Kansas: *Provided*, That in all cases, when any person has been continuouly engaged in the practice of medicine for a period of ten years or more, he shall be considered to have complied with the provisions of this act, and that where persons have been in continuous practice of medicine for five years or more, shall be allowed two years in which to comply with such provisions.

"SEC. 2. Any person living in the State of Kansas, or any person coming into said state, who shall practice, or attempt to practice medicine in any of its departments, or perform or attempt to perfom any surgical operation upon any person within the limits of said state in violation of section one of this act, shall, upon conviction thereof, be fined in the sum of not less that fifty nor more than one hundred dollars for such offense; and upon conviction for a second violation of this act shall, in addition to the above fine, be imprisoned in the county jail of the county in which said offense shall have been committed for the term of thirty days, and in no case wherein this act shall have been violated shall any person so violating receive compensation for services rendered: *Provided*, That nothing herein contained shall in any way be construed to apply to any person practicing dentistry."

The only question of interest to us is whether this law can be enforced, and whether it is sufficently comprehensive. The first part of section one seems to be clear enough and sufficiently forcible, but the difficulty is the burden of proof its left for the prosecution, and it is not an easy matter always to establish that a man is not a graduate of some college. The force of this, however, is considerably weakened by what follows, *i. e.*, "Or who cannot produce a certificate of qualification from some state or county medical society." Unfortunately this provision is very easily complied with. A society of five or six members is very easily organized and its certificates entitle the holder to all the rights of a regularly qualified physician. To the question: "Can the law be enforced?" We claim that it can in the majority of cases. In the first place, by careful investigation we may secure sufficient evidence to prove a lack of the first qualification in section one, and by careful restriction in the membership of

our societies may prevent the acquirement of the second qualification. The points first to be settled upon are, "Can we prove the man is not a graduate? Can he produce the required certificate? Has he practised ten years continuously?" Upon the answer to these questions must depend the result of a prosecution, and our ability to rid the profession of unqualified and illegitimate practitioners.

Syphilitic Ulceration of the Throat.

It is unfortunate, in any case of syphilitic ulceration involving the nose or pharynx, that a diagnosis is not promptly made. An interval of one or two weeks after the appearance of such a lesion is sufficient to produce sad havoc. Total destruction of the soft palate may be completed in a very short time, or the mucous membrane covering the posterior wall may be entirely destroyed. The healing process always results in cicatrices which may be the source of much annoyance. The progress of these ulcerations is easily checked, and a complete cure of the local trouble at least can be accomplished in from two to three weeks. After making your diagnosis as to the character of the lesion, its progress can be checked immediately. Thoroughly cleanse the ulcerating surfaces, and paint over with some iodine mixture such as Leffert's solutions, iodo-glycerine of tannin or a diluted tincture. If the lesion be in the nose cleanse thoroughly and fill the nostril with aristol. They should be carefully cleansed frequently and applications made every day. Place your patient immediately upon a mixed treatment and you will be astonished at the result you obtain. Never let a sore throat in a suspected case of syphilis go without a careful examination.

INSOMNIA can often be relieved by from ten to thirty drops of the tincture of hyoscyamus. This is particularly the case if the sleeplessness is due to nervous irritation.

The Weekly.

This, the first number of the KANSAS MEDICAL JOURNAL in its new role, is only a promise of what we propose to make it. We are receiving compliments on every side for the progress we have made, and we don't intend to disappoint any of our friends in their expectations for the future.

Our monthly contained thirty-two pages of reading matter and our weekly contains sixteen, which will equal a sixty-four page monthly. This we are offering you for the year 1894 for just one-half the price of the monthly, provided you pay in advance. We cannot afford to furnish a good journal for nothing, but this is very near it, and we must insist that all subscriptions for our weekly journal be accompanied by $1.

We thank all our friends for the hearty support they have given us, and propose to express the extent of our gratitude by giving them a journal in every sense worthy of patronage and creditable to the profession we try to represent.

Quacks.

There are a number of men in the city of Topeka who pose as physicians and specialists on various ailments that are totally unqualified to treat human ills. One especially, a vender of a certain patent medicine, has been favored with a sufficient degree of success in his treatment to lead a number of otherwise sensible people to employ him. What the result of his further practice will be, only depends upon the character of the cases he may chance upon. Should some unfortunate victim of serious trouble fall into his hands, the result would undoubtedly be perilous to the patient at least.

Criminal negligence would not apply to such cases, and we suggest a revision of our code of laws so that criminal ignorance may be considered a punishable offense.

Public vs. Private Nuisances.

Laws are, we supposed, framed especially for the government and control of individuals and private institutions; at least that seems the interpretation usually given us.

A nuisance maintained by an individual is abated with an ardor characteristic of the days of the French revolution. The official nose is a powerful organ when in the neighborhood of a cess-pool or a dead cat, unfortunately possessed by a plebian. There is a complete paresis, however, of the official olfactory organ when the nuisance belongs to a public institution. A few years ago our friends that control our city affairs were vigilant in compelling every owner of a cess-pool or vault to connect the same with a sewer. We control our city well; we have some difficulty, but the plebians must obey the law, otherwise our city treasury is some the richer. We can compel our citizens to abate a nuisance, but our public institutions? There's the rub. We can't imprison them nor impose a fine. They must have their nuisance whether it be a detriment to the health and comfort of the individual or not.

What sort of justice is this? Our boards for the management of public affairs are as responsible for the injury they cause or the duties they neglect as the poorest individual of the community.

The health boards and city officers have done good work in their efforts to increase the health and the comforts of the community, yet there are at the present time, within the city limits, stinking sewers which belong to the city, foul closets and filthy privy vaults which are the property of the school district and under the control of our school board. Diphtheria and scarlet fever are no uncommon diseases in our lovely city, yet these disease-breeding vaults of filth are retained. Are we too poor to protect our children, or is there some hidden charm in these things?

THE doctor pays visits, and the visits pay the doctor.

The Emergency Treatment of a Toothache.

Dr. John E. Weaver, of Rochester, N. Y., says in *Medical Record:*

"Toothache is a little thing in the books, but many physicians would rather meet a burglar on a dark night than a call to cure a bad toothache of several days' continuance; a hypodermic of morphine only postpones the evil day, and usually the patient is respectfully referred to the dentist. The tooth should not be extracted while the jaw and gums are inflamed and the latter swollen, and it is the physician's duty to treat the case until the above conditions are removed. Always keep a small phial containing the following mixture: Chloroform, gtts. x; glycerine, gtts. x; sat. sol. ac. carbol., gtts. x; morphine, grs. i, with a small wad of absorbent cotton. If the offending tooth has a cavity or decayed surface, saturate a small pellet of cotton with the above mixture and put into the cavity or against the decayed surface as the case may be—never pack the cotton in, or the more is the trouble—but have the pellet small enough to enter without crowding. When the gums are swollen and tender, paint two or three times, two minutes apart, with a four-per-cent. solution of cocaine. This time of year your patient may have been eating a good deal of fruit. Tongue and mucous membrane of the mouth are pale, sour stomach, and next day the toothache will return. Give ten grains of subcarbonate of bismuth and ten grains of phenacetin at once and a similar dose before each of the three following meals, with a laxative if needed, and stop all fruit for a few days, and it will not return. The same powder every two hours, and cessations of fruit eating, will stop the persistent, tormenting neuralgias so prevalent at this season."

THE Kansas Medical College has matriculated forty-two students for the session of 1893 and 1894.

Medical Legislation.

Every physician in the state of Kansas is interested one way or another in securing some law which will govern the practice of medicine.

The law in existence is insufficient in several particulars; and it is a question whether it is better policy to propose a new law or a modification of the old one. Whichever plan may be deemed best, a unity of the different schools upon this matter is essential to succes. We feel, no doubt, from certain efforts already made by the homeopathic physicians that a union upon this matter can easily be secured. What we need is the least possible opposition among the profession and the fewest points for objections by members of the next legislature. In the first place, one of the greatest objections to such a bill is the possible creation of a number of salaried offices. This objection can easily be surmounted. To secure the co-operation of the profession in general is the object of the work before us, and the recent convention in Ohio suggests a plan. Let us have a general convention of physicians of Kansas where every school may have equal rights and equal chance to be heard.

We would suggust that such a convention be called at as early a date as can conveniently be arranged, and that delegates from societies in every county be appointed; or where there are no societies, a representative from each school in the county be sent. In this way a convention of working members can be secured and a basis for work agreed upon. We think there can be no objection to this plan from any physician who is interested in legitimate practice. Once the line of work is laid out and agreed upon, success is sure and certain. What representative body would refuse the demands of the whole medical fraternity of the state? As we have already said, the law now in existence, though efficient in some cases, is entirely inadequate when most necessary. We will be pleased to hear from our readers in regard to the proposed plan or equally pleased to be informed of a better one.

We are going in for higher education, better physicians and better protection, and we ask you to help us.

THERE seems to be considerable dissatisfaction among the members of the State Society over the place decided upon for the next meeting. Complaints come mostly from members living in the south and west parts of the state. While the representation from northeast part of the state has not been very large of recent years, we understand some very large meetings have been held there. The idea of locating meetings in sections where the membership is small in order to give a better opportunity to the local physicians to join, does not very greatly benefit our meetings if we can take the last two meetings for a criterion. The representation from southeast Kansas at the last meeting was not greater, and we believe somewhat less, than before the meeting at Ft. Scott, and certainly that meeting was not remarkable for its large attendance. The last meeting at Topeka was a success in every way. There was a large attendance, a good program, and everybody seemed well pleased.

We hope the Atchison meeting may be in every respect as good, if not better, and we shall aid in every way possible to make it so. We trust, however, that the committee will recommend some point more centrally located next year, so that physicians may be able to attend from every part of the state.

THE Topeka Academy of Medicine and Surgery will meet in A. O. U. W. Parlors, Monday evening, January 7th. Dr. W. L. Schenck will favor the society with a paper on the subject of the "Relation of Exercise to Physical and Spiritual Life," with special mention of the present foot-ball fad. An interesting meeting is anticipated.

Eastern Kansas and Golden Belt Societies.

The meeting of the Eastern Kansas and Golden Belt Societies in Topeka last Thursday was a remarkable one, both for the large attendance from outside of the city and the extremely good quality of the papers presented. It has been a long time since one of these meeting has been so well attended, and we believe every one felt well repaid for his efforts. We append a list of the physicians outside of the city who favored us with their presence:

W. S. Pickard, Burlingame; L. Reynolds, Horton; L. H. Murphy, Minneapolis; A. B. McCandless, Holton; W. B. DeWees, Salina; H. H. Sutherland, Herrington; J. N. Ketchersid, Hope; J. H. Wetherby, Hutchinson; B. E. Fryer, J. F. Binnie, A. H. Cordier, Geo. Halley and J. Block, Kansas City; Jos. Haigh, Wetmore; T. Zane, Osage City; J. W. Felty, Abilene; O. C. McNary, Soldiers' Home, Leavenworth; W. S. Bunn, Lawrence.

Topeka was chosen for the next place of meeting. Reports of the discussions of papers will be published next week.

Is This True?

Hernia after operations for appendicitis. A contemporary states that one instrument maker in New York has sold within the past year no fewer than six dozen special trusses for ventral hernia following operations for appendicitis.—*N. Y. Med. Record.*

If the above is true there is great need of better surgical treatment in this condition.

PHYSICIANS desiring to have their copies of the JOURNAL bound, can do so by sending them to this office. The cost will be from $1 to $1.25, according to the binding. We can furnish extra copies of nearly all the numbers of last year.

THE medicinal treatment, in the main, for tubercular trouble, as advocated and practiced by Dr. Joseph Haigh, of Wetmore, Kansas:

℞

Creasote-Beechwood (Merck's or Morson's).....ʒ iss
Chloroform (Squibb's).....ʒ iss
Oil pepermint..... .....
Oil wintergreen .....aa..m 1

Dissolve these agents by adding them, then add—

Glycerine .....ʒ viii
Syr. wild cherry.....ʒ iv
Alcohol dilute.....q. s...0 ij

H. Sig.: Teaspoonful in from one-half to one ounce of the best whisky three times a day just after eating.

Use galvanic current over the cavity, first, small sponge, negative pole and large eight-inch electrode opposite on back. Reverse, making small electrode positive and saturating with tincture of iodine, finishing with sponge saturated with chloroform. The whole seance lasting not over fifteen minutes. The chloroform and iodine cannot be used longer than two to four minutes each.

The creasote and whisky preparation should not be taken on an empty stomach. Then it is desirable to give the medicine four times a day, the last dose should be taken after eating at bed-hour.

The Justifiable Prevention of Conception.

The physician not infrequently has to warn against conception in cases where a pregnancy would endanger the life or the health of the patient. Pelvic contraction, abdominal and uterine tumors, etc., from such an indication. The advice to abstain from coitus is but seldom followed, and the means usually employed to prevent gestation (mechanical) are objectionable from a hygienic and ethical point of view. Kleinwachter has endeavored to find a remedy which would have none of the aforementioned drawbacks. He prescribes a cacao-

butter suppository containing ten per cent. of boracic acid, to be introduced high up into the vagina. These suppositories dissolve in about one hour, and the liberated acid destroys the spermatozoa. Bichloride of mercury in 0.001-gram doses can also be used, but in that case a vaginal douche has to follow the sexual act. The solvency of the suppository is heightened by adding one grain of oleum olive. The author considers this a safe and sure remedy to prevent conception. Therapeutic effects may be combined by the adding of various drugs—for instance, tannin in cases of uterine catarrh. —*Medical Age.*

The Dangers of Automatic Specialism.

In a recent number of the *Asclepaid* its talented author writes entertainingly on the healthy culture of the literary life. He utters a caution against narrow specialism in literary work, which is not inapplicable to specialism in medicine. "Philosophical historians have noted," he says, "how different ages present different, and, as it were, alternate pictures of mental and physical power. This age was one of genius, that of mediocrity; this of war, that of peace; this of quiet inventive thought, that of inventive application," etc. As he well points out, these phases are all natural phenomena explained by well-know physiological data.

There is at the present time a tendency to introduce the mechanical principle into all departments of knowledge. Mental operations are trained to move with the precision of machinery. Parallel with this is the tendency to work in grooves. We call these latter specialties, and our present method tends to lead up to an ideal perfection in one particular line of medical practice. This is to a certain extent most commendable, but, if carried too far, it saps vital nervous power. It makes the physician too dependent upon the instruments of precision which have been elaborated for the performance of his special line of work. He exalts the physical far too much above the physiological factor in diagnosis, and concentrating his attention too much upon one organ or set of organs; he forgets that they are but a part, and that the whole is greater than any one part possibly can be.

Especially is this true at the present time, when so many of the younger medical men are branching off into specialties without a sufficient broad and deep foundation in general practice. Society membership, instrumental equipment, and facilities for clinical observation can never alone make a well-rounded specialist. The ideas of diathesis in disease of hereditary tendencies and the like can be learned from books, but can never be apprehended in all their fullness except by long and patient watching at the bedside. The quick road to apparent success which open so attractively, lead to limitation of view and of knowledge. Thought is repressed instead of stimulated. One becomes more and more dependent on others. "The perfect master in his own department is a helpless child as soon as he is out of his own narrow sphere."

The expansion of knowledge in every department of life has largely put an end to that idea of "knowing something about everything, and everything about something." Only a few minds in a generation can hope to do this in anything like a systematic and efficient manner. The glory of modern specialism is that it has unraveled difficult questions in the etiology of disease, and its crowning work must lay in its ability to meet the demands which this new pathological inquiry makes with adequate therapeutic measures. To do this requires mental expansion in every direction, and not alone in any one.—*Med. Record.*

"PA, can you tie a knot in this cord?"
"Yes, of course."
"Can you tie a knot in any cord?"
"Yes."
"Can you tie a knot in your spinal cord?"
"Johnnie, go to bed, and keep still."
—*Phil. Era.*

Antagonism Between the Bacillus Pyocyanuse and the Bacillus of Tuberculosis.

Dr. Klein, some months before the forced and ill-advised announcement by Prof. Koch of the influence ascribed to certain products of the bacillus of tubercle in inhibiting the progress of tubercular disease, had already tried the effect of frequent injections of the sterilized fluid containing the chemical products of the artificial culture of the bacilli on the course of the disease, induced in animals by inoculation, but with completely negative results.

He then turned his attention to the products of the growth of the bacillus pyocyaneus. Evidence of tuberculosis having appeared in twenty-six guinea-pigs a month after inoculation with cultures from a human tubercular lung, he, on twenty-three successive occasions within about five weeks, injected (*a*) eight with sterilized culture fluid of tubercle bacilli, (*b*) eight with one of bacillus pyocyaneus, and (*c*) eight with a mixture of these, (*d*) the remaining two being retained as control animals. During the following month all died of tuberculosis except five of those that had been inoculated with the bacillus pyocyaneus. They, however, lost flesh and gradually succumbed in the course of the next six weeks. Though far from satisfactory, the results were so far encouraging, they showing that even in the very dilute form which he had employed the pyocyaneal products they had prolonged life, and greatly retarded the progress of the disease. He accordingly next injected eight guinea-pigs with tubercle as before; and on the manifestation of the disease in all, he injected six of them on thirteen consecutive occasions with undiluted broth culture (sterilized) of bacillus pyocyaneus. The control animals had died of acute tuberculosis before these remedial injections of the others were nearly concluded, in fact within a month of inoculation; and one of these treated died soon after, with, however, far less post-mortem evidence of disease, but the remaining five were all alive and in fair health and condition two months later, when they were killed for examination. The inguinal glands were found to be enlarged from old inflammatory thickening, but except a few gray points on the livers, and a minute nodule in the lung of one, there were no signs of the tuberculosis which all had manifested after inoculation. The same unequivocal arrest of the diseas was observed in another series of four treated in like manner, although unfortunately they, with a number of others, were carried off by an epidemic of pneumonia.

The injection employed with such a degree of success were "three Pravas divisions" of a sterilized broth culture of bacillus pyocyaneus, incubated for ten days at a temperature of 37° C., or that of the human body.—*Amer. Jour. of the Med. Scien.*

Effect of Malpractice Charges and how to Avoid Them.

The Hon. David McAdam, Judge of the New York Superior Court, in a recent address on malpractice before the Society of Medical Jurisprudence, of New York, concluded with the following admirable advice: "Let the professional man live up to the requirements of his profession and observe its ethics. Let him keep up with every advance made in his science. Be careful in professional deportment, diligent in studies, exacting even as to details—putting whatever skill he has in all he undertakes—doing it well no matter what the case in hand may be, avoiding familiarity, drinking moderately of intoxicants, or what is better—not at all. Let him earn a reputation as a good, safe, reliable practitioner, and it will stand by him. It will make imputations of malpractice too improbable to be feared. They will fall like water upon a duck's back. Fortified positions are often impregnable. They are seldom attacked. Like the engineer upon a steam engine, be ever on the alert for danger signals and intelligent enough in wisdom to understand their meaning. Put down the brakes in time to halt

in safety. If you have doubts consult some professional brother. Call him in to aid if prudent. A divided responsibility is something desirable. Attack may be made on one, which the mere presence of two will at once avert. Take no unnecesary risks. Assume no needless responsibilities. Never make other people's troubles your own Assist them by every professional means in your power. Use your best efforts. This is all you are called upon to do—all you can do. You can exercise no superhuman agency. You have no such power, and would be an imposter if you claimed to have. Neither science is an exact one. Neither is capable of assured and exact determination. The best men in the medical fraternity often disagree; so do the best judges upon the benches of the highest courts in the land. Lawyers and doctors should never encourage malpractice suits. They should be brought only in extreme cases, and then only against the unworthy. They seldom help the client, and are sure to injure the professional man, who, like Cæsar's wife, must be above suspicion. Professional men must have good names and keep them unsullied. Merchants may fail and compromise at twenty-five cents on the dollars. The lawyer and docter must pay one hundred cents every time, or go down deeper than any 'McGinty' ever read about in song or story. A merchant may do business in his wife's name. The lawyer and docter must use their own, and if, for any reason, it is not usable, they are gone, bob-line and sinker, and 'none so poor as to do either reverence'. Then emulate the example of the men who have made 'Name' and earned 'Fame' in the two professions, and you will recall the day when it was a proud honor to be called 'Lawyer' or 'Doctor.'"

Topics of the Month.

A special committee appointed by the President of the Medical Society of the County of New York in April last, to consider the propriety of proposing an amendment to the medical laws regulating the practice of obstetrics by midwives in the State of New York, has recently made its report. The proposed bill consists of two sections, and may be summarized as follows: First, every person practicing midwifery shall possess a certificate from the State Board of Medical Examiners. Second, within thirty days after the passage of this act, every such person shall apply to the State Board of Medical Examiner, under oath, for a certificate authorizing the person named herein to practice midwifery in this state. Third, every person hereafter beginning the practice of midwifery shall be examined by the State Board, and, if successful, shall be entitled to a certificate. Fourth, certificates are to be filed in the county clerk's office. Fifth, licenses may be refused to persons of bad character, or who are guilty of unprofessional or dishonest conduct, and the State Board may revoke licenses for similar causes. Sixth, fees and penalties are prescribed, and the usual details with reference to explanation of the meaning of the act are given. We believe this is a beneficial and humane proposition, and it should be passed by the legislature without opposition. A statute regulating the practice of midwifery uniformly throughout the state has long been needed.—*Buffalo Med. and Surg. Journal.*

MISCELLANEOUS.

The Publication of Physicians' Portraits.

NEW YORK, December 26, 1893.

To the Editor of the New York Medical Journal: Your reference to our calendar for 1894 demands our attention. While you did not mention us by name, the reference is so direct that the physicians who received the calendar cannot but know to whom yon referred.

It has been our custom for several years to send to the medical profession throughout

the United States portraits of eminent physicians and surgeons, and, inasmuch as their distribution has been scrupulously confined to medical men of good repute, no objection has been offered by those gentlemen whose likenesses we reproduced. Not a copy of this calendar, nor of any of our other nunerous publications, has ever been sent to the laity.

Maltine is distinctly not a patent medicine, nor has it ever been advertised to the public, and therefore we have considered it within our province to distribute portraits just as we have promulgated testimonials from the most eminent physicians and chemists in this country and Europe.

We have statistics to prove that ninety per cent. of the physicians of the United States prescribe maltine. This fact, in addition to the fact that we reach the patient *only through the physician*, would seem to amply vindicate our use of the likeness of a physician whose pictures are on public sale and have continually appeared in the public press, and who is well known as a public man.

The portraits referred to were not used to push the sale of our preparations, as was the portrait of Dr. D. Hayes Agnew, recently published by us. It will be remembered that we printed under Dr. Agnew's portrait a facsimile of his indorsement of maltine. Our only reason for publishing the portrait of Dr. —— was because we thought it would interest his medical brethren, who have shown so high an appreciation of the series of likenesses we have already published.

We should like further to say that as soon as objection was made by him we suspended the distribution of the calendars, as we would not knowingly offend even one of the honorable profession to whom we are so greatly indebted.

THE MALTINE MANUFACTURING CO.

DR. GEO. P. BLUNDEL says: "I have been using your preparation for some time, buying it of I. L. Lyons & Co. I am very much pleased with your Elixir Three Chlorides, and hope you will continue it up to its present standard. I am satisfied that an intelligent use of it by physicians will give most excellent results."

The Therapeutics of Glycozone.—Composition and Characteristics.

BY CYRUS EDSON, M.D., NEW YORK.

(Published by the Times and Register, Philadelphia, Pa., April 22, 1893.)

Glycozone is defined by its discoverer, Mr. Ch. Marchand, to be a stable compound, resulting from the chemical reaction that takes place when c. p. glycerine is submitted, under certain conditions, to the action of fifteen times its own volume of ozone, under normal atmospheric pressure at a temperatnre of 0° C.

The necessity of useing c. p. glycerine is imperative, as a presence of the water or other foreign matter in the glycerine causes the production in the resulting compound of formic acid, glyceric acid, and other secondary products, that have a harmful effect upon animal tissues.

Glycozone has a pleasant, sweetish taste. Being hydroscopic it must be kept in tightly corked bottles, and, as long as it is kept in this condition, it does not deteriorate at a temperature of even 110 degrees F.

ANTAGONISTS AND INCOMPATIBLES.

Glycozone, like peroxide of hydrogen is a powerful oxidizing agent, although its action is not as rapid or as energetic in this respect as the latter compound. Consequently we cannot safely prescribe it combined with any other drugs or chemical substances. Contact with metallic utensils decompose it. We must therefore use glass or hard rubber vessels and syringes when administering it.

PHYSIOLOGICAL ACTION.

When taken into the mouth and stomach glycozone causes a feeling of warmth. It excites a flow of saliva and stimulates the gastric secretions. Being hydroscopic it attracts to itself water from the surrounding tissues but not with sufficient power to effect harm. This property is due solely to the glycerine base which enters into the composition. In very large doses, one or two ounces, it causes a feeling of distress in the epigastrium and is followed by loose,

copious, watery stools, which are accompanied by severe cramps.

No effect is noted on the kidneys, the liver or the heart. Glycozone is undoubtedly slowly decomposed in the stomach, ozone being liberated and the glycerine uniting with the water from the tissues. The morbid elements with which it comes in contact probably hasten this decomposition, and in so doing are themselves oxidized and destroyed. The free ozone in the stomach resulting from the decomposition of glycozone aids the digestive process by its presence.

THERAPY.

Glycozone is, in the opinion of the writer, the best known agent for the treatment of gastric ulcers. It is also one of the best remedies for the treatment of the stomach, catarrh or chronic alchoholism, and for chronic gastric catarrh from other causes. It is excellent for atonic dyspepsia, and for acid dyspepsia. The writer has seen very gratifying results from its use in these distressing maladies.

In catarrhal and other stomachic diseases except gastric ulcers, the remedy is best administered in one or two teaspoonfuls in a wineglassful of water immediately after meals. In the case of gastric ulcers the dose and dilution should be the same, but it is better to give it when the stomach is empty, an hour or so before meals.

Glycozone has an excellent effect when used internally in cases of diptheria. For this purpose a tablespoonful of glycozone is given in a wineglassful of water every three hours. As it is perfectly harmless it may be used without apprehension. The following treatment is excellent in cases of membranous croup: The nose, throat, mouth, pharnyx and larnyx should be sprayed copiously every two hours or so with a mixture of one ounce of Marchand's peroxide of hydrogen (medicinal) with four to six ounces of water.

The membranes are readily destroyed, and by using this remedy freely, their reproduction is prevented. Then one teaspoonful of glycozone, diluted in a wineglassful of water, administered three times a day, prevents any disturbance of the stomach and regulates the bowels.

Remarkable benefits may be derived in the treatment of diseased conditions (ulceration and chronic inflammation) of the rectum and lower gut, by enemata containing glycozone, and for this purpose nothing excells the following formula:

Glycozone, 1 ounce.
Water, lukewarm, 12 ounces.

This should be mixed immediately before using and administered with a hard rubber syringe once daily. It is frequently desirable to use a smaller amount than the above mixture. The proportion, 1 to 12, however should be maintained. In cases of fistula-in-ano and of rectal ulceration low down, an ounce of lukewarm water containing a drachm of glycozone administered once or twice daily soon effects good, and in cases of ulcer, pure and simple, may be expected to radically cure the diseased conditions.

EXTERNAL USES.

After the cleansing of any diseased or suppurating surface by peroxide of hydrogen (medicinal), the application of glycozone stimulates healthy action and hastens the cure. For this purpose it has no superior in the entire range of therapeutics. It tends to check the discharge of irritating unwholesome secretions and to prevent the infection of the sore by pathogenic organisms. Its action in this respect is explained by the fact that it is both powerfully antiseptic and stimulant.

Follicular Pharyngitis, chronic coryza and ulcerative stomatitis are all benefitted by glycozone. As an application to ulcerated cervix-uteri and in tumefied conditions of the cervix and uterus it is far superior to pure glycerine.

In these cases, and for the cure of leucorrhœa, the remedy should be applied on small rolls of lint, or absorbent cotten, the vagina having first been thoroughly washed with an injection of peroxide of hydrogen one part, water four parts. This procedure should be repeated twice daily.